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## **Homeopathy, Phenomenology and the Unprejudiced Observer. Letter in response to Swayne and Whitmarsh**

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The belief that ‘homeopathy works’, is effective and can demonstrate clinical efficacy, while encouraging, has little to do with the philosophy, practice or relevance of phenomenology to homeopathy. Jeremy Swayne’s editorial draws a spurious link between positive outcome studies and the capacity for homeopathy to ‘open up a rich vein of scientific enquiry and clinical opportunity’ (Swayne 2013). So too, Tom Whitmarsh’s understanding of phenomenology suggests that homeopathy and phenomenology are ‘pretty similar’ in terms of how they look at the world (Whitmarsh 2013). As long as the homeopath remains ‘untainted by what he knows’ and is ‘doing (his) best to avoid received opinion’ phenomenology is made to appear logical and easily applied in practice. Together, Swayne’s and Whitmarsh’s understanding diminish the complexity of phenomenology as a research methodology and as a method of clinical engagement. Their understanding misconstrues phenomenology as being ‘purely descriptive,’ ignoring the prospect that description and observation are actually based upon interpretation of patient phenomena, not objective and unprejudiced observations.

Reiterating the rhetoric of aphorisms 6 and 83 (Hahnemann 1982 translation of 1810 1st edition), Swayne’s and Whitmarsh’s perspective perpetuates the myth of the unprejudiced observer. This myth demonstrates that homeopathic case taking can be misconstrued with the philosophy and practice of phenomenology. I suggest that hermeneutic phenomenology, a branch of phenomenology, is a more suitable method of phenomenological investigation, one that acknowledges that the observer (or homeopath) is not detached and can *never remain unprejudiced* regarding the patient and the homeopathic process. Rather than this being problematic, however, it requires that the

observer-homeopath recognise that all preconceived knowledge, empirical experience and beliefs together shape their interpretation and understanding of the patient's lived experience. The assumption that phenomenology and homeopathy are therefore naturally and conveniently oriented to one another misconstrues phenomenology. It also perpetuates a popular myth etched into the homeopathic psyche since Hahnemann's time. It is time we abandoned this false rhetoric.

The idea in aphorism 6, that the unprejudiced observer need only note what is felt by the patient, perceived by those around the patient and observed by the homeopath, diminishes the subjectivity of all participants, in particular the homeopathic observer. An experienced homeopath (doctor, nurse and so forth) may be an astute observer, but he can never be distanced from his subjectivity. Rather, acknowledging our subjectivity enables us to recognise that every observation is an interpretative or hermeneutic act (Van Manen 1997 ; Svenaeus 2000). Hermeneutics, originally a method of interpreting biblical texts, was developed into hermeneutic phenomenology by Martin Heidegger, departing from Husserl. Heidegger theorised that *experience can never be bracketed*, and that phenomenology is necessarily hermeneutic when its method becomes interpretative, which is very much the case in healthcare interaction (Leonard 1989). Hans Georg Gadamer later asserted that phenomenology is inherently interpretative, human experience being bound in the subjectivity of narrative language (Gadamer 1975). Consequently, exploring the phenomenon of observing a large, white covered object with Dr Mangialavori, Whitmarsh acknowledges the multiple descriptions made by 50 homeopaths from diverse positions in the space. Yet he fails to recognise that each description is actually an interpretation of the phenomenon, and each retelling a reinterpretation. Central to this distinction is the hermeneutic notion that observation and description are both *acts of subjective interpretation*; they can never be acts of *pure* observation. This is the case with homeopathy, in which every perception and understanding of the salient characteristics of the patient and her lived illness experience demand both overt and subtle interpretation.

Being an interpretive discipline, homeopaths construct individual interpretations of lived illness experiences. How can such interpretations be objective and unprejudiced? "No one, when they reason, can be absolutely certain that their conclusions have been derived free from the workings of habit, assumptions, prejudice, cultural limitations, or, for that matter,

intuition" (Barcan 2009). Homeopaths, while demonstrating the capacity to engage deeply with patients, with their lived experiences and with the homeopathic process (Eyles, Leydon et al. 2012) are constrained by the culture of homeopathy, no more so than by the myth of unprejudiced observation. Recognising this myth, homeopathy has the capacity to liberate itself from the delusion of the objective gaze, in order to engage authentically and coherently with the patient's lived experience and with phenomenology.

Swayne and Whitmarsh rightly acknowledge that homeopathy and phenomenology share some common ground. Phenomenology, however, is much more than a methodology for describing, ordering and exploring reality (Swayne 2013). Rather, suitably applied, phenomenology and its many variants, including hermeneutic phenomenology, has the capacity to reveal multiple constructions of illness rather than one reductive reality. The phenomenological construction of illness experience will be clinically harnessed by homeopathy when it accepts that unprejudiced observation is a fallacy.

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